

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026961

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 75

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 10 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Yukon</u> Length of stay in 1b		c. CITY OR TOWN <u>Yukon Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If outside, give location) <u>Yukon Mo</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Rae Hall</u>			4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1900</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Grand Co Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>	
13a. FATHER'S NAME <u>William Hale</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Juman</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Sims</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Esther Hall Yukon Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>probable coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>compliment of chest and arm pains.</u> DUE TO (b) <u></u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>		
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20f. CITY, TOWN, OR LOCATION <u>Yukon Mo</u>		COUNTY <u></u> STATE <u></u>	
21. I <u>VIEWED</u> <u>ON</u> <u>6-29-63</u> to <u></u> and last saw her <u>alive</u> on <u></u> Death occurred at <u>approx. 5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>James Nentry, Coroner</u>		22b. ADDRESS <u>Calool, Mo.</u>		22c. DATE SIGNED <u>7-2-63</u>	
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23. MANNER OF REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-2-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big Creek</u>		23d. LOCATION (City, town, or county) (State) <u>approx 1 1/2 mi S. of Yukon Mo</u>	
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24. FUNERAL DIRECTOR <u>L. J. Evans Houston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-6, 63</u>		26. REGISTRAR'S SIGNATURE <u>Murtie Craig</u>	
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(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

1 1070

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9 420.1

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12 90-3

13 40

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 15 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lawell C. Carung*

Licensed Embalmer No.

*4766*

P. O. Address

*Mt. Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.